FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	M 1 (See instructions)		Our	
1. NAME OF	(Check if name	Example: If typying, type	Office use only	
COMMITTEE (in f		over the lines	12FE4M5	
Fleming For C	ongress			
	P.O. Box 1236			
ADDRESS (number and s	itreet)			
X (Check if address is changed)				
is changed)	Minden		LA 71058 - 1111	
001441775510 5 1441	LADDDEGG	CITY▲	STATE▲ ZIP CODE ▲	
COMMITTEE'S E-MAII	c address gress@gmail.com			
	, , , , , , , , , , , , , , , , , , ,			
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
flemingforcon	gress.com _			
COMMITTEE'S FAX N	UMBER			
318-382-8259				
2. DATE 0 2	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00445015]	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	-	
4. IOTHIOOTATEM	LIVI A INLW (IV)	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer John Calvin Fler	ming, III		
Signature of Treasurer	Electronically Filed by John Calv	vin Fleming, III	Date 11 1 06 7 2008	
NOTE: Submission of fals	se, erroneous, or incomplete information ma	y subject the person signing this Stat	ement to the penalties of 2 U.S.C. S437g.	
	ANY CHANGE IN INFORMA	TION SHOULD BE REPORTED	WITHIN 10 DAYS	
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		
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